


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90094 018 ***150.00

DOCUMENT # P97000018734	
1. Entity Name J & T NURSERY, INC.	

Principal Place of Business 3547 161ST TERRACE NORTH LOXAHATCHEE FL 33470 US	Mailing Address 3547 161ST TERRACE NORTH LOXAHATCHEE FL 33470 US
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2. Principal Place of Business 3487 161st Terrace North	3. Mailing Address 3487 161st Terrace North
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Loxahatchee, Florida	City & State Loxahatchee, Florida
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Zip 33470	Country U.S.	Zip 33470	Country U.S.
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent SHEELEY, THOMAS 3547 161ST TERRACE NORTH LOXAHATCHEE FL 33470		7. Name and Address of New Registered Agent Name John Sheeley Street Address (P.O. Box Number is Not Acceptable) 3487 161st Terrace North City Loxahatchee FL Zip Code 33470	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John T. Sheeley* Director DATE 4/20/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEELEY, JOHN 1442 C ROAD LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$ Sheeley, Casandra 3487 161st Terrace North Loxahatchee FL 33470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEELEY, THOMAS 3547 61ST TERRACE NORTH LOXAHATCHEE FL 33470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Sheeley 3487 161st Terrace North Loxahatchee, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John T. Sheeley* DATE 4/20/05 DAYTIME PHONE # 561-795-7142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR